

**Note: This is sample
template it is
not an OMB
approved form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
Peoples Rural Telephone Cooperative Corporation, Inc.

Same

P.O. Box 159
McKee, KY 40447

Service Provider Type Wireless x Wireline

Name(s) of Wireless License Holder(s)

N/A

Contact Name

Keith Gabbard, Manager

Contact Tel #

606-287-7101

Fax #

606-287-8332

E-mail Address

kgabbard@prtcnet.org

Section 2**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Owsley County, Kentucky

For each area listed above, identify the emergency response point to which calls are now being routed.

Kentucky State Police Post – Richmond, Kentucky

Section 3**Certification - To be signed by an authorized representative of the reporting entity**

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 9/11/02_____.

Signature Keith Gabbard

Keith Gabbard

Printed name of authorized representative

Manager

Title

September 25, 2002
Date

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.